TRANSMITTAL **FORM**

Application Number	10/786,725
Filing Date	2/25/2004
First Named Inventor	Kirk D. Swenson
Art Unit	3736
Examiner Name	Rene T. Towa
Attorney Docket Number	2806 021726 (D 6004)

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission		Attorne	y Docket Number	3896 - 031736 (1
EN	ENCLOS		(check all that app	oly)

	ENCLOSURES (check all that apply	()				
After Allowance communication						
Fee Transmittal Form	Drawing(s)	to TC				
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final	Petition to convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Request	Request for Refund	Pre-Appeal Brief Request for Review				
Information Disclosure Statement	CD, Number of CD(s)					
	Landscape Table on CD					
Certified Copy of Priority	Remarks					
Document(s)						
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts						
Under 37 CFR 1.52 or 1.53						
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No23-0650						
SIGNATU	RE OF APPLICANT, ATTORNEY, C	OR AGENT				
Firm Name The Webb Lav	v Firm					
Signature	eve					
Printed Name Kirk M. Miles						
Date June 9, 2009	Reg. No. 3	7,891				
CERTIFICATE OF TRANSMISSION / MAILING						
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature Sharyn Beck						
Typed or printed name Sharyn Be		Date June 9, 2009				

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL			App	Application Number 10/786,725					
For FY 2009			Filir	ng Date	2/25/200)4			
FO	rry Zu	109 		Firs	t Named Inventor	Kirk D. S	Swenson		
Applicant claims small entity status. See 37 CFR 1.27			Exa	Examiner Name Rene T. Towa					
			~~~~	Art	Art Unit 3736				
TOTAL AMOUNT O	F PAYMENT	(\$) 67	70.00	Atto	Attorney Docket 3896 - 031736 (P-6004)				
METHOD OF PAYM	ENT (check al	l that apply)							
Check Cre	Check Credit Card Money Order Other (please identify):								
Deposit Account	Deposit Accou	nt Number:	23-0	650	Deposit Account	Name:			
For the above	:-identified dep	osit account,	the Director	r is hereb	y authorized to: (ch	neck all that	apply)		
Charge	e fee(s) indicated	d below			Charge fee	(s) indicated	below, except for	the filing fee	
	e any additional 37 CFR 1.16 and		erpayments o	f fee(s)	Credit any	overpayment	ts		
WARNING: Information or			Credit card info	rmation sh	iould not be included or	this form. Pr	ovide credit card		
information and authorization									
FEE CALCULATION				***************************************	be subject to a su	rcharge.)			
1. BASIC FILING, S	EARCH, AND FILING F		ATION FEE SEARC		EXAMINA'	TION EEEC			
		all Entity		n rees nall Entit		mall Entity	1		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fe</u>	es Paid (\$)	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85	-		
Reissue	330	165	540	270	650	325	***************************************		
Provisional	220	110	0	0	0	0	A	***************************************	
2. EXCESS CLAIM	FEES							Small Entity	
Fee Description							Fee (S		
Each claim over 20 (in	-	•					52	26	
Each independent clair		ling Reissues	s)				220	110	
Multiple dependent cla		m	~	(7)	***		390	195	
Total Claims - 2	<u>20 or HP</u>	Extra Clair		<u>: (\$)</u>	<u>Fee Paid (\$)</u> –			e Dependent Claims	
HP = highest number of	total claims paid f	or, if greater th	x an 20.		***************************************		Fee (S	Fee Paid (\$)	
Indep. Claims - 3	3 or HP	Extra Clair	ms <u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)			***************************************	
	=		X						
_	HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification	n and drawings				iding electronically				
	37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100	) ==	/ 50 =		(rou	ınd <b>up</b> to a whole nun	nber)	х		
4. OTHER FEE(S)									
	Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Pre-Appeal Brief Request for Review, 1-month Petition for Extension \$540 + 130									
SUBMITTED BY									
Signature Registration No. (Attorney/Agent) 37,891 Telephone					412-471-8815				
Name (Print/Type) Kirk M. Miles						Date June 9, 2009			